

Protested

MASON 16  
MORATORIUM  
OPTION 2

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

COMPUTER INPUT  
☐ APPLICATION  
☐ PERMIT  
☐ CERTIFICATE  
☐ OTHER

☒ SURFACE WATER ☐ GROUND WATER

NAME City of Tacoma, a Municipality of the first class.		TELEPHONE NO. 206-383-2471	
ADDRESS P.O. Box 11007	(CITY) Tacoma	(STATE) WA	(ZIP CODE) 98411-2590
ASSIGNED TO		TELEPHONE NO.	DATE ASSIGNED
ADDRESS		(CITY)	(STATE) (ZIP CODE)
APPLICATION NO. <b>S 227419</b>	PERMIT NO.	CERTIFICATION NO.	
DATE AMENDED	DATE CANCELLED	W.R.I.A. <b>16</b>	
APPLICATION			
DATE APPLICATION RECEIVED <b>7-29-88</b>	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED <b>7-29-88</b>	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED	
TEMPORARY PERMIT			
APPROVED BY		DATE ISSUED	
PUBLICATION			
APPROVED BY		DATE APPROVED	DATE NOTICE SENT <b>11-14-88</b>
PROTESTED BY AND DATE <b>Skokomish Indian tribe % Russell E. Busch (2/17/89 Received)</b> <b>Address: Russell E. Busch, Attorney</b> <b>Evergreen Legal Services, 101 Yesler Wy, Suite 301, Seattle, WA 98104</b>			
DATE AFFIDAVIT RECEIVED <b>2/23/89</b>	CHECKED BY <b>V.W.</b>	TIME EXPIRED <b>2/10/89</b>	DATE AMENDED NOTICE SENT
DATE AFFIDAVIT RECEIVED		TIME EXPIRED	
DEPARTMENT OF GAME AND FISHERIES REPORT			
APPROVED	PROVISO Fisheries See letter of 12-6-88 wildlife - see letter of 11-7-88		PROTEST
EXAMINATION			
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN	WRITTEN BY
DATE PERMIT FEE REQUESTED		AMOUNT DUE	DATE RECEIVED
PERMIT			
PERMIT APPROVED BY	DATE APPROVED	PERMIT NO.	DATE ISSUED
BEGINNING OF CONSTRUCTION			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE	
EXTENDED TO		EXTENDED TO	
WELL DRILLER'S AND/OR CONSTRUCTION REPORT			
DATE SENT	DATE FILED		
COMPLETION OF CONSTRUCTION			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE	
EXTENDED TO		EXTENDED TO	
PROOF OF APPROPRIATION			
DATE SENT	DATE FILED	EXTENSION FEE	EXTENDED TO
DATE CERTIFICATE FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE
APPROVED BY			
CERTIFICATION			
PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER		DATE ISSUED

REMARKS